

Verification of Tribal Per Capita and/or Gaming Income

TO: _____

DATE: _____

RE: Verification of Enrollment in a Federally Recognized Tribe &
Disbursement of Per Capita Income/Gaming Revenue

Applicant/Resident _____
Applicant/Tenant Name Date of Birth

The individual named directly above is an applicant/tenant of a housing program that requires verification of income. The information provided will remain confidential to satisfaction of that stated purpose only. Your prompt response is crucial and greatly appreciated.

We have attached a copy of a release of information form to allow us to obtain this information.

Please return to:

Management Agent

This form is to be completed by an official representative of the Tribal Enrollment Office or other Tribal Designated Official

This is to verify that the above named individual is an enrolled member of the _____
_____ (please state name of Tribe or Nation).

VERIFICATION OF PER CAPITA DISBURSEMENTS/GAMING REVENUE

☐ I certify that Per Capita Disbursements/Gaming Revenue is presently disbursed to the above named enrolled Tribal member _____ times per in the amount of \$ _____ per disbursement.

The source of this income is from ☐ Per Capita Income ☐ Gaming revenue Disbursements:

The Per Capita or Gaming revenue Disbursements for the minor child is paid to

☐ Mother of the child ☐ Father of the child ☐ Guardian _____
☐ 100% to IIM Account

If money is being held by the BIA in the individual trust account are there any restriction to the withdrawal of funds? ☐ Yes ☐ No, if yes what are the restrictions _____

☐ I certify that we DO NOT issue Per Capita Disbursement/Gaming Revenue to individual enrolled member of this Tribe.

Signed by	Title	Date Signed
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Mailing Address	City	State	Zip Code
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Telephone #	Fax #	e-mail address
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